

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Midwest Values PAC

ADDRESS (number and street)

P.O. Box 583232

☐Check if different
than previously
reported. (ACC)

Minneapolis

MN

55458

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00416131

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas Borman

Signature of Treasurer

Electronically Filed by Thomas Borman

Date

07

30

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Midwest Values PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	178048.13
(b) Cash on Hand at Beginning of Reporting Period	178048.13	
(c) Total Receipts (from Line 19)	265036.31	265036.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	443084.44	443084.44
7. Total Disbursements (from Line 31)	336320.97	336320.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106763.47	106763.47
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Midwest Values PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	67250.00	67250.00
(ii) Unitemized	101108.66	101108.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	168358.66	168358.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	7500.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	175858.66	175858.66
12. Transfers From Affiliated/Other Party Committees	86700.00	86700.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	2473.33	2473.33
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4.32	4.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	265036.31	265036.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	265036.31	265036.31

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	256795.97	256795.97	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	256795.97	256795.97	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	79000.00	79000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	525.00	525.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	525.00	525.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	336320.97	336320.97	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	336320.97	336320.97	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	175858.66	175858.66
34. Total Contribution Refunds (from Line 28(d))	525.00	525.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	175333.66	175333.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	256795.97	256795.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	2473.33	2473.33
38. Net Operating Expenditures (subtract Line 37 from Line 36)	254322.64	254322.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Albrecht

Mailing Address 53590 409th Ave

City

North Mankato

State

MN

Zip Code

56003-4065

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: C4765684

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James W Allen

Mailing Address 1889 Heritage Way

City

Yountville

State

CA

Zip Code

94599

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: C4762248

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Bruce J Baer

Mailing Address 4900 Tassajara Rd
Apt 1304

City

Dublin

State

CA

Zip Code

94568-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Livermore Nat'l
Security

Occupation
Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: C4761499

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Susan Barrett

Mailing Address 1889 Stanford

City

St Paul

State

MN

Zip Code

55105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Dept of
Revenue

Occupation
Auditor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761716

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Margaret Beals

Mailing Address 228 W Broadway
Apt F13

City

New York

State

NY

Zip Code

10013-2456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Dancer/Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: C4755312

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Esther Beynon

Mailing Address 2560 Hill Cir

City

Colorado Springs

State

CO

Zip Code

80904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 1

Transaction ID: C4759080

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Carolyn Bollhoefer

Mailing Address 3018 Surry Ln

City

Minnetonka

State

MN

Zip Code

55305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ammerman

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 1 1

Transaction ID: C4713792

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Caroline Boutard

Mailing Address PO Box 1150

City

Gaston

State

OR

Zip Code

97119-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 1

Transaction ID: C4746327

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Caroline Boutard

Mailing Address PO Box 1150

City

Gaston

State

OR

Zip Code

97119-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: C4762235

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Carla Bryson

Mailing Address 16 Braeburn Rd

City

Portland

State

ME

Zip Code

04103

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: C4757431

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mary Kay Buinger

Mailing Address 1512 Forest Meadows Ct

City

Bedford

State

TX

Zip Code

76021-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tarrant County College

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: C4772455

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Scott Carter

Mailing Address 257 South Norton Ave

City

Los Angeles

State

CA

Zip Code

90004-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Efficiency Studios

Occupation
Executive Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: C4760727

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Lorraine Cecil

Mailing Address 1211 Bixby Ave NE

City

Bemidji

State

MN

Zip Code

56601

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761893

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

James Chambers

Mailing Address One West 72nd St

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Filmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: C4765374

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

G Douglas Cole

Mailing Address 3773 Downers Dr

City

Downers Grove

State

IL

Zip Code

60515-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer
IL Emergency Management
Agency

Occupation
Nuclear Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: C4764667

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Jonathan Coopersmith

Mailing Address 1811 Shadowwood Dr

City

College Station

State

TX

Zip Code

77840-4846

FEC ID number of contributing
federal political committee.

C

Name of Employer
TAMU

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: C4765705

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jay Cowles

Mailing Address 475 Grand Hill

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unity Avenue Associates

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: C4759345

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Russell Cowles

Mailing Address 2413 Humboldt Av S

City

Minneapolis

State

MN

Zip Code

55405

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: C4776535

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Ronald E Daley

Mailing Address PO Box 196

City

Argyle

State

WI

Zip Code

53504-0196

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: C4762937

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Dana J Dawson

Mailing Address 2250 Kenwood Ct

City

Maplewood

State

MN

Zip Code

55117-1852

FEC ID number of contributing
federal political committee.

C

Name of Employer
CenturyLink

Occupation
Data Network Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 1

Transaction ID: C4761646

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bertis Downs

Mailing Address 738 Cobb St

City

Athens

State

GA

Zip Code

30606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: C4815437

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Daniel Drake

Mailing Address 369 Marion Ave

City

Mill Valley

State

CA

Zip Code

94941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: C4761232

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Michael Eakin

Mailing Address 34 Plaza St E
Apt 504

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Slope Food Co-op

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: C4759333

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Hinda M Elwyn

Mailing Address PO Box 50814

City

Sarasota

State

FL

Zip Code

34232-0327

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: C4775889

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2475.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 140

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Charles Fink

Mailing Address 2424 Sunny Meadow Ln

City

Vienna

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlie Co. Inc.Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	1	1

Transaction ID: C4760024

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Judith Frankel

Mailing Address 5420 North Bay Rd

City

Miami Beach

State

FL

Zip Code

33140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	1

Transaction ID: C4757323

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Sheril Freedman

Mailing Address 226 - 23rd St

City

Santa Monica

State

CA

Zip Code

90402-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	1	1

Transaction ID: C4759034

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Sheril Freedman

Mailing Address 226 - 23rd St

City

Santa Monica

State

CA

Zip Code

90402-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 1

Transaction ID: C4759035

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Daniel Freese

Mailing Address 14220 39th Ave N

City

Plymouth

State

MN

Zip Code

55447

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 1

Transaction ID: C4754818

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Peter Gove

Mailing Address 14 Pearson Pl

City

North Oaks

State

MN

Zip Code

55127

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761715

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

David Griffin

Mailing Address 222 E. 8th St.

City

St. Paul

State

MN

Zip Code

55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealthPartners

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 1

Transaction ID: C4755453

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lee S Halprin

Mailing Address 104 Irving St

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 1

Transaction ID: C4749734

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Clayton Halunen

Mailing Address 7 Heather Pl

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halunen and Associates

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761712

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Blanche Hawkins

Mailing Address 126 Dellwood Ave

City

Dellwood

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Community Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: C4757538

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Helene Hibbard

Mailing Address 16 Guildswood

City

Tuscaloosa

State

AL

Zip Code

35401-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: C4746585

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Helene Hibbard

Mailing Address 16 Guildswood

City

Tuscaloosa

State

AL

Zip Code

35401-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: C4760447

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 1 1

Transaction ID: C4713473

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: C4746687

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 1 1

Transaction ID: C4751718

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: C4761387

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 1 1

Transaction ID: C4766952

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: C4775202

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Christopher M Janks

Mailing Address 1378 Eniswood Pkwy

City

Palm Harbor

State

FL

Zip Code

34683-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verizon Data Services

Occupation

System Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: C4762259

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Donna R Johnson

Mailing Address 7616 Currell Blvd
Ste 200

City

St Paul

State

MN

Zip Code

55125-2296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: C4770650

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Paul Tudor Jones, II

Mailing Address 92 Harbor Drive

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tudor Investment Corporat-
ion

Occupation

Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4751562

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 140

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Sonia Jones

Mailing Address 92 Harbor Dr

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	1

Transaction ID: C4751564

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Thomas C Kayser

Mailing Address 466 Mississippi River Blvd S

City

Saint Paul

State

MN

Zip Code

55105-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robbins Kaplan Miller Cir-
esi

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	1

Transaction ID: C4761711

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Garrison Keillor

Mailing Address 294 Summit

City

St. Paul

State

MN

Zip Code

55102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	1

Transaction ID: C4761074

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 140

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Mike Kennedy

Mailing Address 555 Selby Ave

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota DFL Senate Cauc-
us

Occupation

Campaign Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

Transaction ID: C4761161

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Virginia A Kraus

Mailing Address 520 Grand HI

City

Saint Paul

State

MN

Zip Code

55102-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	1	1

Transaction ID: C4761742

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Betty Latner

Mailing Address 40 Williams St
Apt 205

City

Brookline

State

MA

Zip Code

02446

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: C4755337

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Nicholas Lavrov

Mailing Address 910 Cerrito St

City

Albany

State

CA

Zip Code

94706-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: C4746422

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Nicholas Lavrov

Mailing Address 910 Cerrito St

City

Albany

State

CA

Zip Code

94706-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: C4751118

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Nicholas Lavrov

Mailing Address 910 Cerrito St

City

Albany

State

CA

Zip Code

94706-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: C4760676

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 140

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Nicholas Lavrov

Mailing Address 910 Cerrito St

City

Albany

State

CA

Zip Code

94706-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: C4766766

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Nicholas Lavrov

Mailing Address 910 Cerrito St

City

Albany

State

CA

Zip Code

94706-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: C4774051

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Nicholas Lavrov

Mailing Address 910 Cerrito St

City

Albany

State

CA

Zip Code

94706-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Transaction ID: C4817209

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Jack Lehman

Mailing Address 2265 Geronimo Way

City

Las Vegas

State

NV

Zip Code

89169

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: C4761358

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard Lightman

Mailing Address 226 W Cherry Cir

City

Memphis

State

TN

Zip Code

38117-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: C4757655

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Jack Litau

Mailing Address 1444 Breda Ave

City

St Paul

State

MN

Zip Code

55108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston Scientific

Occupation
Statistician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 1

Transaction ID: C4761650

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 140

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Joanne Lyman

Mailing Address 163 E 81st St

City

New York

State

NY

Zip Code

10028-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: C4762920

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Judy McLaughlin

Mailing Address 275 Summit Ave

City

St Paul

State

MN

Zip Code

55102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Caterer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	1

Transaction ID: C4761859

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mary K Moen

Mailing Address 990 Skyline Lane SW

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moen Law FirmOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Transaction ID: C4760709

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Tom Moench

Mailing Address 127 Madison Ave N

City

Bainbridge Island

State

WA

Zip Code

98110-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 1

Transaction ID: C4754810

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Christopher J Nachtsheim

Mailing Address 1789 Summit Ave

City

Saint Paul

State

MN

Zip Code

55105-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761856

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles Nauen

Mailing Address 2109 Doswell Ave

City

Saint Paul

State

MN

Zip Code

55108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockridge, Grindal, Nauen

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761714

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Edmund Nightingale

Mailing Address 28 Marie Ave W

City

West Saint Paul

State

MN

Zip Code

55118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Psychologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: C4762237

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Beverly A Peters

Mailing Address 561 Briarcliff Dr

City

Garland

State

TX

Zip Code

75043-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Medical Editor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: C4765280

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ellen M Poss

Mailing Address 450 Warren St

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4751573

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Carl Reiner

Mailing Address 714 N Rodeo Dr

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clear Productions, Inc.

Occupation

Film Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: C4761343

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kathy Relis

Mailing Address 2670 Puesta Del Sol

City

Santa Barbara

State

CA

Zip Code

93105-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: C4746375

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Kathy Relis

Mailing Address 2670 Puesta Del Sol

City

Santa Barbara

State

CA

Zip Code

93105-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: C4751152

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Kathy Relis

Mailing Address 2670 Puesta Del Sol

City

Santa Barbara

State

CA

Zip Code

93105-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: C4760613

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kathy Relis

Mailing Address 2670 Puesta Del Sol

City

Santa Barbara

State

CA

Zip Code

93105-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: C4766716

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Kathy Relis

Mailing Address 2670 Puesta Del Sol

City

Santa Barbara

State

CA

Zip Code

93105-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 1 1

Transaction ID: C4774085

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Kathy Relis

Mailing Address 2670 Puesta Del Sol

City

Santa Barbara

State

CA

Zip Code

93105-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: C4817155

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Richard Roat

Mailing Address 15300 Ventura Blvd
Ste 315

City

Sherman Oaks

State

CA

Zip Code

91403-5870

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 1

Transaction ID: C4762587

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Stephen Rose

Mailing Address 500 Summit Ave

City

St Paul

State

MN

Zip Code

55102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761708

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Michael Rothman

Mailing Address 2020 Lincoln Park W
Apt 33B

City State Zip Code
Chicago IL 60614-4732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Futures Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: C4761242

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lee Salisbury

Mailing Address 2690 Northridge Ln N

City State Zip Code
Stillwater MN 55082-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 1

Transaction ID: C4751153

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Lee Salisbury

Mailing Address 2690 Northridge Ln N

City State Zip Code
Stillwater MN 55082-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 1

Transaction ID: C4760540

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Lee Salisbury

Mailing Address 2690 Northridge Ln N

City

Stillwater

State

MN

Zip Code

55082-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: C4760615

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Lee Salisbury

Mailing Address 2690 Northridge Ln N

City

Stillwater

State

MN

Zip Code

55082-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: C4766719

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Lee Salisbury

Mailing Address 2690 Northridge Ln N

City

Stillwater

State

MN

Zip Code

55082-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: C4774086

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Lee Salisbury

Mailing Address 2690 Northridge Ln N

City

Stillwater

State

MN

Zip Code

55082-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: C4817253

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Neil Schraeder

Mailing Address 701 Hilltop Dr

City

Decorah

State

IA

Zip Code

52101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hacker, Nelson & Co. P.C

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: C4762919

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

James G Scoville

Mailing Address 2093 Jefferson Ave

City

Saint Paul

State

MN

Zip Code

55105

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Judith Scoville

Mailing Address 2093 Jefferson Ave

City

Saint Paul

State

MN

Zip Code

55105

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761739

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Geoffrey Seaman

Mailing Address 1221 SW 10th Ave
Apt 710

City

Portland

State

OR

Zip Code

97205-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: C4761260

Amount of Each Receipt this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

Ruth Share

Mailing Address 713 Maple Hill Ln

City

Birmingham

State

MI

Zip Code

48009-1675

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: C4766764

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 140

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

John L Sullivan

Mailing Address 2209 Newton Ave S

City

Minneapolis

State

MN

Zip Code

55405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imation CorpOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	1	1

Transaction ID: C4755457

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Romeyn Taylor

Mailing Address 2312 Girard Ave S
Apt 1

City

Minneapolis

State

MN

Zip Code

55405-1426

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	1	1

Transaction ID: C4750290

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Romeyn Taylor

Mailing Address 2312 Girard Ave S
Apt 1

City

Minneapolis

State

MN

Zip Code

55405-1426

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	1	1

Transaction ID: C4761850

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Romeyn Taylor

Mailing Address 2312 Girard Ave S
Apt 1

City State Zip Code
Minneapolis MN 55405-1426

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: C4766736

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Peter Tischer

Mailing Address PO Box 421

City State Zip Code
Port Jefferson NY 11777-0421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: C4757644

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Sheldon Vidibor

Mailing Address 2700 Krim Dr

City State Zip Code
Los Angeles CA 90064-4608

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: C4757690

Amount of Each Receipt this Period

1000.00

Refunded \$500, See Line
28a

SUBTOTAL of Receipts This Page (optional)

2075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Caryn O Wagner

Mailing Address 1215 Las Lomas Rd Ne

City

Albuquerque

State

NM

Zip Code

87106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stephen Wagner DDS

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: C4760515

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John Dix Wayman

Mailing Address 917 Danby Rd

City

Ithaca

State

NY

Zip Code

14850

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 1

Transaction ID: C4759061

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Rutager West

Mailing Address 1602 Hazel St N

City

St Paul

State

MN

Zip Code

55119

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of St Louis Park

Occupation

Maintenance Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: C4761639

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Joseph J Westwater, Jr.

Mailing Address 520 Grand Hill

City

Saint Paul

State

MN

Zip Code

55102-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761802

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Carol Whitney

Mailing Address 865 Clubhouse Dr

City

Ballwin

State

MO

Zip Code

63011-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: C4746381

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Carol Whitney

Mailing Address 865 Clubhouse Dr

City

Ballwin

State

MO

Zip Code

63011-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: C4751155

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Carol Whitney

Mailing Address 865 Clubhouse Dr

City

Ballwin

State

MO

Zip Code

63011-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: C4760620

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Carol Whitney

Mailing Address 865 Clubhouse Dr

City

Ballwin

State

MO

Zip Code

63011-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: C4766724

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Carol Whitney

Mailing Address 865 Clubhouse Dr

City

Ballwin

State

MO

Zip Code

63011-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: C4774020

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Carol Whitney

Mailing Address 865 Clubhouse Dr

City

Ballwin

State

MO

Zip Code

63011-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: C4817161

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Mark Yackel-Juleen

Mailing Address 42194 County Road 3

City

Windom

State

MN

Zip Code

56101-3245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shalom Hill FarmOccupation
Minister

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C4761713

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Anita Zelman

Mailing Address 10580 Wilshire Blvd
#59

City

Los Angeles

State

CA

Zip Code

90024-4585

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: C4757413

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

5340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 1 1

Transaction ID: C4714279A

Amount of Each Receipt this Period

50.00

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.29

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 1 1

Transaction ID: C4714279AB

Amount of Each Receipt this Period

50.00

[MEMO ITEM]
Note: Above Contribution
earmarked through this or-
ganization.

C.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: C4746644A

Amount of Each Receipt this Period

50.00

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

326.29

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 1 1

Transaction ID: C4746644AB

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

B.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 4 / 2 0 1 1

Transaction ID: C4751291A

Amount of Each Receipt this Period

50.00

* Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

326.29

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 1 1

Transaction ID: C4751291AB

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: C4761346A

Amount of Each Receipt this Period

50.00

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.29

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 1

Transaction ID: C4761346AB

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

C.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: C4766616A

Amount of Each Receipt this Period

50.00

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 140

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 1 1

Transaction ID: C4766616AB

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

B.

Full Name (Last, First, Middle Initial)

Dale Howey

Mailing Address 991 Parker Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 1

Transaction ID: C4776077A

Amount of Each Receipt this Period

50.00

* Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.29

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 1 1

Transaction ID: C4776077AB

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

67250.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 140

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.Full Name (Last, First, Middle Initial)
GREENBERG TRAUIG, P.A. PACMailing Address 54 STATE STREET
6TH FLOORCity State Zip Code
ALBANY NY 12207FEC ID number of contributing
federal political committee.**C** C00266585

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: C4753378

Amount of Each Receipt this Period

2000.00

B.Full Name (Last, First, Middle Initial)
LIUNA PAC

Mailing Address 905 16th St, NW

City State Zip Code
Washington DC 20006FEC ID number of contributing
federal political committee.**C** C00007922

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	1	1

Transaction ID: C4752357

Amount of Each Receipt this Period

5000.00

C.Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION POLITICAL ACTION COMM

Mailing Address 24950 COUNTRY CLUB BLVD, STE 340

City State Zip Code
NORTH OLMSTED OH 44070FEC ID number of contributing
federal political committee.**C** C00001636

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	1	1

Transaction ID: C4745794

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

7500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

FRANKEN MVPS

Mailing Address PO BOX 583144

City

MINNEAPOLIS

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

86700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 1 1

Transaction ID: C4712117

Amount of Each Receipt this Period

6000.00

B.

Full Name (Last, First, Middle Initial)

James D Deal

Mailing Address 16191 Makah St NW

City

Anoka

State

MN

Zip Code

55303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nau Country Ins Co

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: C4714844

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Peter Gove

Mailing Address 14 Pearson Pl

City

North Oaks

State

MN

Zip Code

55127

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: C4714845

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 140

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

FRANKEN MVPS

Mailing Address PO BOX 583144

City

MINNEAPOLIS

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

86700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: C4753949

Amount of Each Receipt this Period

32200.00

B.

Full Name (Last, First, Middle Initial)

Maria T Aral

Mailing Address 1125 SW 87 Ave

City

Miami

State

FL

Zip Code

33174

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABC Charters, Inc

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	1	1

Transaction ID: C4753950

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Rick Aversano

Mailing Address 24 Timor Sea

City

Newport Beach

State

CA

Zip Code

92657

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	1

Transaction ID: C4753951

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

32200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Ellis Berger

Mailing Address 550 NE 53rd St

City

Miami

State

FL

Zip Code

33137

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753952

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Ted Gavin

Mailing Address 3188 Laughead Ln

City

Garnet Valley

State

PA

Zip Code

19060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gavin Corporation

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753955

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Kelly Ginsburg

Mailing Address 161 Palmer Ave

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753954

Amount of Each Receipt this Period

3000.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Kathryn Greenberg

Mailing Address 4 E 66th St

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753956

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Edward Haddock

Mailing Address 641 Pine Tree Rd

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753960

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Renee Haugerud

Mailing Address 1350 6th Ave
Fl 15

City

New York

State

NY

Zip Code

10019-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Galtere Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 1 1

Transaction ID: C4753958

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Reed Hawn

Mailing Address 3605 Steck Ave

City

Austin

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: C4753963

Amount of Each Receipt this Period

2000.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Johnny Holloway

Mailing Address 6201 Matchett Rd

City

Orlando

State

FL

Zip Code

32809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Platinum Productions

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: C4753961

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Serena Lese

Mailing Address 875 5th Ave

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Private Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 1 1

Transaction ID: C4753962

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Amelia Rea Maguire

Mailing Address 2715 Toledo St

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Miami

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753959

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Michael Myers

Mailing Address 315 Bleecker St
#200

City

New York

State

NY

Zip Code

10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Actor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: C4753957

Amount of Each Receipt this Period

2000.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Ariel Pereda

Mailing Address 40 NE 1st Ave
#303

City

Miami

State

FL

Zip Code

33132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pereda & Associates

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753966

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

F J Pollak

Mailing Address 2501 Bay Ave

City

Miami Beach

State

FL

Zip Code

33140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tracfone

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753965

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Charles Rodgers

Mailing Address 100 Belvidere St
Apt. 8-G

City

Boston

State

MA

Zip Code

02199-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753968

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Francene Rodgers

Mailing Address 100 Belvidere St
Apt. 8-G

City

Boston

State

MA

Zip Code

02199-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753969

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Judith McCartin Scheide

Mailing Address 133 Library Pl

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Philanthropist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: C4753964

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

William H Scheide

Mailing Address 133 Library Pl

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: C4753972

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Bruce Udolf

Mailing Address 3351 NW Boca Raton Blvd

City

Boca Raton

State

FL

Zip Code

33431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Udolf Liebow Blattner

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753967

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Anna R Wallace

Mailing Address 1030 Lake Adair Blvd

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wallace Assoc

Occupation

Business Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753970

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Wilburn N Wallace

Mailing Address 1030 Lake Adair Blvd

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wallace Assoc

Occupation

Business Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C4753971

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

FRANKEN MVPS - Unitemized

Mailing Address PO BOX 583144

City

MINNEAPOLIS

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: CZ4753949

Amount of Each Receipt this Period

100.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

FRANKEN MVPS

Mailing Address PO BOX 583144

City

MINNEAPOLIS

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

86700.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: C4759631

Amount of Each Receipt this Period

3500.00

B.

Full Name (Last, First, Middle Initial)

E Francesca Judge

Mailing Address PMB No. 231
3300 Bee Caves Rd. Ste 650

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: C4760028

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Mary B Vail

Mailing Address 6405 Garnett Dr

City

Chevy Chase

State

MD

Zip Code

20815-6615

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: C4760036

Amount of Each Receipt this Period

1250.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Sharon Van De North

Mailing Address 2902 Mayowood Hills Dr SW

City State Zip Code
 Rochester MN 55902

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 1 1

Transaction ID: C4761414

Amount of Each Receipt this Period

750.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Mark Walsh

Mailing Address 6405 Garnett Dr

City State Zip Code
 Chevy Chase MD 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruxton Assoc. LCC

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 1 1

Transaction ID: C4760034

Amount of Each Receipt this Period

1250.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

FRANKEN MVPS

Mailing Address PO BOX 583144

City State Zip Code
 MINNEAPOLIS MN 55458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

86700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 1 1

Transaction ID: C4764802

Amount of Each Receipt this Period

35000.00

SUBTOTAL of Receipts This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

John Coffey

Mailing Address 3 Plateau Cir E
Ste 410

City State Zip Code
Bronxville NY 10708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: C4770658

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Harriet Crosby

Mailing Address 6515 79th Pl

City State Zip Code
Cabin John MD 20818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Initiative For Social Act-
ion

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: C4770651

Amount of Each Receipt this Period

750.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

David Glassco

Mailing Address 2001 Travis Heights Blvd

City State Zip Code
Austin TX 78704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: C4770659

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Carole Shorenstein Hays

Mailing Address 260 Sea Cliff Ave

City

San Francisco

State

CA

Zip Code

94121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Theater Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: C4770653

Amount of Each Receipt this Period

4600.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Victor Kovner

Mailing Address 27 W 67th St

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis, Wright & Tremaine

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: C4770652

Amount of Each Receipt this Period

1200.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Matthew Mallow

Mailing Address One W 72nd St

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: C4770655

Amount of Each Receipt this Period

1260.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

David H. Mandel

Mailing Address 7250 Franklin Ave
Apt. 1009

City State Zip Code
Los Angeles CA 90046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Movie/TV Writer/Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: C4770657

Amount of Each Receipt this Period

4600.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Charles H Murphy

Mailing Address 5615 Kavanaugh Blvd

City State Zip Code
Little Rock AR 72207

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Murphy Group

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: C4770660

Amount of Each Receipt this Period

4600.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Cindy Murphy

Mailing Address 5651 Kavanaugh Blvd

City State Zip Code
Little Rock AR 72207

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Murphy Group

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 1 1

Transaction ID: C4770661

Amount of Each Receipt this Period

4600.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Michael Myers

Mailing Address 315 Bleecker St
#200

City State Zip Code
New York NY 10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Actor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: C4770654

Amount of Each Receipt this Period

2000.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Bellanca Smigel Rutter

Mailing Address 360 E 72nd St
Apt 227

City State Zip Code
New York NY 10021-4753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Supersmile

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: C4770656

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Robert Shaye

Mailing Address 2405 Briarcrest Rd

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Line Cinema

Occupation
President and Co-Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: C4770662

Amount of Each Receipt this Period

4600.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

FRANKEN MVPS

Mailing Address PO BOX 583144

City

MINNEAPOLIS

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

86700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: C4770665

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Ian Cumming

Mailing Address PO Box 4902

City

Jackson

State

WY

Zip Code

83001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leucadia and National

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: C4816511

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Lynn Cutler

Mailing Address 1526 N Mohawk St
Ste 2102

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland & Knight

Occupation
Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: C4816512

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 140

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Maria Doran

Mailing Address 82 Woodland Cir

City

Edina

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Muir Company

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: C4816508

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

*

B.

Full Name (Last, First, Middle Initial)

Anthony Malkin

Mailing Address 60 East 42nd St
26th Floor

City

New York

State

NY

Zip Code

10165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Malkin Holdings LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: C4816510

Amount of Each Receipt this Period

2400.00

[MEMO ITEM]

*

C.

Full Name (Last, First, Middle Initial)

Rachelle B Malkin

Mailing Address 60 E 42nd St
26th Fl

City

New York

State

NY

Zip Code

10165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: C4816509

Amount of Each Receipt this Period

2400.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

86700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 140

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

AL FRANKEN FOR SENATE 2014

Mailing Address PO BOX 583144

City

MINNEAPOLIS

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C C00480384

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2473.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: C4823784

Amount of Each Receipt this Period

626.65

Computer

B.

Full Name (Last, First, Middle Initial)

AL FRANKEN FOR SENATE 2014

Mailing Address PO BOX 583144

City

MINNEAPOLIS

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C C00480384

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2473.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: C4816520

Amount of Each Receipt this Period

1246.68

Computer

C.

Full Name (Last, First, Middle Initial)

AL FRANKEN FOR SENATE 2014

Mailing Address PO BOX 583144

City

MINNEAPOLIS

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C C00480384

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2473.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: C4816519

Amount of Each Receipt this Period

600.00

Office Supplies

SUBTOTAL of Receipts This Page (optional)

2473.33

TOTAL This Period (last page this line number only)

2473.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) A.J. Goodman Consulting	Transaction ID: D300800 Date of Disbursement																				
Mailing Address 444 Brickell Ave #51-470	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	3		2	0	1	1												
City Miami State FL Zip Code 33131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting - Fundraising/Travel Candidate Name	<table border="1"> <tr> <td colspan="10">6935.78</td> </tr> </table>	6935.78																			
6935.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) A.J. Goodman Consulting	Transaction ID: D300801 Date of Disbursement																				
Mailing Address 444 Brickell Ave #51-470	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	1		2	0	1	1												
City Miami State FL Zip Code 33131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting - Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">6000.00</td> </tr> </table>	6000.00																			
6000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) A.J. Goodman Consulting	Transaction ID: D300884 Date of Disbursement																				
Mailing Address 444 Brickell Ave #51-470	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	1												
City Miami State FL Zip Code 33131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting - Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">6000.00</td> </tr> </table>	6000.00																			
6000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

18935.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

A.J. Goodman Consulting

Mailing Address 444 Brickell Ave #51-470

City State Zip Code
Miami FL 33131

Purpose of Disbursement
Consulting - Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300885

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6000.00

B.

Full Name (Last, First, Middle Initial)

A.J. Goodman Consulting

Mailing Address 444 Brickell Ave #51-470

City State Zip Code
Miami FL 33131

Purpose of Disbursement
Reimbursement - Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300886

Date of Disbursement

/ /

Amount of Each Disbursement this Period

625.40

C.

Full Name (Last, First, Middle Initial)

A.J. Goodman Consulting

Mailing Address 444 Brickell Ave #51-470

City State Zip Code
Miami FL 33131

Purpose of Disbursement
Consulting - Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D306266

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

16625.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) A.J. Goodman Consulting	Transaction ID: D306267 Date of Disbursement																				
Mailing Address 444 Brickell Ave #51-470	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
City Miami State FL Zip Code 33131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting - Fundraising	<table border="1"> <tr> <td colspan="10">7500.00</td> </tr> </table>	7500.00																			
7500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bankcard Assoc.	Transaction ID: D306283 Date of Disbursement																				
Mailing Address 15600 Wayzata Blvd. Ste. 101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	1												
City Wayzata State MN Zip Code 55391	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees	<table border="1"> <tr> <td colspan="10">184.06</td> </tr> </table>	184.06																			
184.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bankcard Assoc.	Transaction ID: D306284 Date of Disbursement																				
Mailing Address 15600 Wayzata Blvd. Ste. 101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	1	1												
City Wayzata State MN Zip Code 55391	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees	<table border="1"> <tr> <td colspan="10">297.35</td> </tr> </table>	297.35																			
297.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7981.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)
Bankcard Assoc.

Mailing Address 15600 Wayzata Blvd. Ste. 101

City State Zip Code
Wayzata MN 55391

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D300891

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.55

B.

Full Name (Last, First, Middle Initial)
Bankcard Assoc.

Mailing Address 15600 Wayzata Blvd. Ste. 101

City State Zip Code
Wayzata MN 55391

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D300892

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.48

C.

Full Name (Last, First, Middle Initial)
Bankcard Assoc.

Mailing Address 15600 Wayzata Blvd. Ste. 101

City State Zip Code
Wayzata MN 55391

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D300810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

166.97

SUBTOTAL of Disbursements This Page (optional)

548.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Bankcard Assoc.	Transaction ID: D300811 Date of Disbursement
Mailing Address 15600 Wayzata Blvd. Ste. 101	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 1 1</div> </div>
City Wayzata State MN Zip Code 55391	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees	<div>167.65</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BCBS of Minnesota	Transaction ID: D300813 Date of Disbursement
Mailing Address P.O. Box 64676	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55164	Amount of Each Disbursement this Period
Purpose of Disbursement Health & Dental Insurance	<div>1119.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BCBS of Minnesota	Transaction ID: D300814 Date of Disbursement
Mailing Address P.O. Box 64676	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55164	Amount of Each Disbursement this Period
Purpose of Disbursement Health & Dental Insurance	<div>1119.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2405.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) BCBS of Minnesota	Transaction ID: D300893 Date of Disbursement																				
Mailing Address P.O. Box 64676	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
City Saint Paul State MN Zip Code 55164	Amount of Each Disbursement this Period																				
Purpose of Disbursement Health & Dental Insurance	<table border="1"> <tr> <td>1119.00</td> </tr> </table>	1119.00																			
1119.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BCBS of Minnesota	Transaction ID: D300894 Date of Disbursement																				
Mailing Address P.O. Box 64676	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	1	1												
City Saint Paul State MN Zip Code 55164	Amount of Each Disbursement this Period																				
Purpose of Disbursement Health & Dental Insurance	<table border="1"> <tr> <td>1119.00</td> </tr> </table>	1119.00																			
1119.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BCBS of Minnesota	Transaction ID: D306286 Date of Disbursement																				
Mailing Address P.O. Box 64676	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	7		2	0	1	1												
City Saint Paul State MN Zip Code 55164	Amount of Each Disbursement this Period																				
Purpose of Disbursement Health & Dental Insurance	<table border="1"> <tr> <td>2099.25</td> </tr> </table>	2099.25																			
2099.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4337.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)
BCBS of Minnesota

Mailing Address P.O. Box 64676

City State Zip Code
Saint Paul MN 55164

Purpose of Disbursement
Health & Dental Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D306287

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1445.75

B.

Full Name (Last, First, Middle Initial)
Lauren Beecham

Mailing Address 2034 Yorkshire Ave
Apt 202

City State Zip Code
Saint Paul MN 55116

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300922

Date of Disbursement

/ /

Amount of Each Disbursement this Period

319.60

C.

Full Name (Last, First, Middle Initial)
Lauren Beecham

Mailing Address 2034 Yorkshire Ave
Apt 202

City State Zip Code
Saint Paul MN 55116

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300923

Date of Disbursement

/ /

Amount of Each Disbursement this Period

956.38

SUBTOTAL of Disbursements This Page (optional)

2721.73

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
Midwest Values PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
Midwest Values PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.	Full Name (Last, First, Middle Initial) Blue State Digital, LLC			Transaction ID: D300815 Date of Disbursement																					
	Mailing Address 1000 Vermont Avenue, NW			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		0	7		2	0	1	1															
	City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																					
Purpose of Disbursement Web Site	Candidate Name		<table border="1"> <tr> <td colspan="10">209.00</td> </tr> </table>		209.00																				
209.00																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B.	Full Name (Last, First, Middle Initial) Blue State Digital, LLC			Transaction ID: D300816 Date of Disbursement																					
	Mailing Address 1000 Vermont Avenue, NW			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		2	7		2	0	1	1															
	City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																					
Purpose of Disbursement Web Site	Candidate Name		<table border="1"> <tr> <td colspan="10">205.00</td> </tr> </table>		205.00																				
205.00																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C.	Full Name (Last, First, Middle Initial) Blue State Digital, LLC			Transaction ID: D300817 Date of Disbursement																					
	Mailing Address 1000 Vermont Avenue, NW			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	2		2	4		2	0	1	1															
	City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																					
Purpose of Disbursement Web Site	Candidate Name		<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>		200.00																				
200.00																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional)**614.00****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 / 140

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Blue State Digital, LLC	Transaction ID: D300895 Date of Disbursement
Mailing Address 1000 Vermont Avenue, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Web Site	<div>200.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Blue State Digital, LLC	Transaction ID: D300896 Date of Disbursement
Mailing Address 1000 Vermont Avenue, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Web Site	<div>200.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Blue State Digital, LLC	Transaction ID: D306288 Date of Disbursement
Mailing Address 1000 Vermont Avenue, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 4 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Web Site	<div>216.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

616.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)
Capital Accounting Services

Mailing Address 4190 Vinewood Lane, Ste. 111-554

City Plymouth State MN Zip Code 55442

Purpose of Disbursement
Accounting and Compliance Services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D306291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Capital Accounting Services

Mailing Address 4190 Vinewood Lane, Ste. 111-554

City Plymouth State MN Zip Code 55442

Purpose of Disbursement
Accounting and Compliance Services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D306292

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
Capital Accounting Services

Mailing Address 4190 Vinewood Lane, Ste. 111-554

City Plymouth State MN Zip Code 55442

Purpose of Disbursement
Accounting & Compliance Services
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300899

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Capital Accounting Services	Transaction ID: D300900 Date of Disbursement																				
Mailing Address 4190 Vinewood Lane, Ste. 111-554	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	1												
City Plymouth State MN Zip Code 55442	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting & Compliance Services Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Capital Accounting Services	Transaction ID: D300820 Date of Disbursement																				
Mailing Address 4190 Vinewood Lane, Ste. 111-554	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	2		2	0	1	1												
City Plymouth State MN Zip Code 55442	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting & Compliance Services Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Capital Accounting Services	Transaction ID: D300821 Date of Disbursement																				
Mailing Address 4190 Vinewood Lane, Ste. 111-554	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	1	1												
City Plymouth State MN Zip Code 55442	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting & Compliance Services Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Kris Dahl Mailing Address 1615 Q St NW	Transaction ID: D300844 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 8 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20036 Purpose of Disbursement Administrative Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>600.00</div>
B. Full Name (Last, First, Middle Initial) Kris Dahl Mailing Address 1615 Q St NW City Washington State DC Zip Code 20036 Purpose of Disbursement Administrative Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300845 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>600.00</div>
C. Full Name (Last, First, Middle Initial) Kris Dahl Mailing Address 1615 Q St NW City Washington State DC Zip Code 20036 Purpose of Disbursement Administrative Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300920 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>600.00</div>

SUBTOTAL of Disbursements This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Kris Dahl Mailing Address 1615 Q St NW	Transaction ID: D300921 Date of Disbursement <div> <div>04</div> <div>10</div> <div>2011</div> </div>
City Washington State DC Zip Code 20036 Purpose of Disbursement Administrative Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>600.00</div>
B. Full Name (Last, First, Middle Initial) Kris Dahl Mailing Address 1615 Q St NW City Washington State DC Zip Code 20036 Purpose of Disbursement Administrative Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D306328 Date of Disbursement <div> <div>05</div> <div>17</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>600.00</div>
C. Full Name (Last, First, Middle Initial) Kris Dahl Mailing Address 1615 Q St NW City Washington State DC Zip Code 20036 Purpose of Disbursement Administrative Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D306329 Date of Disbursement <div> <div>06</div> <div>14</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>600.00</div>

SUBTOTAL of Disbursements This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Delta Air Mailing Address 1030 Delta Boulevard	Transaction ID: D300901 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>656.90</div>
B. Full Name (Last, First, Middle Initial) Delta Air Mailing Address 1030 Delta Boulevard City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300902 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>811.40</div>
C. Full Name (Last, First, Middle Initial) Dinah Dale Consulting, Inc. Mailing Address 131 Burntside Drive City Golden Valley State MN Zip Code 55422 Purpose of Disbursement Consulting - Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300903 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>4000.00</div>

SUBTOTAL of Disbursements This Page (optional)

5468.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 81 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Dinah Dale Consulting, Inc.	Transaction ID: D300904 Date of Disbursement																				
Mailing Address 131 Burntside Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	1												
City Golden Valley State MN Zip Code 55422	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting - Fundraising	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Dinah Dale Consulting, Inc.	Transaction ID: D300822 Date of Disbursement																				
Mailing Address 131 Burntside Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	1												
City Golden Valley State MN Zip Code 55422	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting - Fundraising	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Dinah Dale Consulting, Inc.	Transaction ID: D300823 Date of Disbursement																				
Mailing Address 131 Burntside Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	1	1												
City Golden Valley State MN Zip Code 55422	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting - Fundraising	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 82 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) EFTPS - US Treasury	Transaction ID: D300825 Date of Disbursement																				
Mailing Address P.O. Box 173788	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	7		2	0	1	1												
City State Zip Code Denver CO 80217	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">5.83</td> </tr> </table>	5.83																			
5.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) EFTPS - US Treasury	Transaction ID: D300826 Date of Disbursement																				
Mailing Address P.O. Box 173788	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City State Zip Code Denver CO 80217	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1281.60</td> </tr> </table>	1281.60																			
1281.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) EFTPS - US Treasury	Transaction ID: D300827 Date of Disbursement																				
Mailing Address P.O. Box 173788	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City State Zip Code Denver CO 80217	Amount of Each Disbursement this Period																				
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1281.63																					
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SUBTOTAL of Disbursements This Page (optional)

2569.06

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
Midwest Values PAC

725.10

725.08

165.77

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) EFTPS - US Treasury <hr/> Mailing Address P.O. Box 173788	Transaction ID: D300906 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	1												
City Denver State CO Zip Code 80217 Purpose of Disbursement Payroll Taxes Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>725.10</td> </tr> </table>	725.10																			
725.10																					
B. Full Name (Last, First, Middle Initial) EFTPS - US Treasury <hr/> Mailing Address P.O. Box 173788	Transaction ID: D300907 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												
City Denver State CO Zip Code 80217 Purpose of Disbursement Payroll Taxes Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>806.68</td> </tr> </table>	806.68																			
806.68																					
C. Full Name (Last, First, Middle Initial) EFTPS - US Treasury <hr/> Mailing Address P.O. Box 173788	Transaction ID: D300908 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	1												
City Denver State CO Zip Code 80217 Purpose of Disbursement Payroll Taxes Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1048.34</td> </tr> </table>	1048.34																			
1048.34																					

SUBTOTAL of Disbursements This Page (optional) ►

2580.12

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) EFTPS - US Treasury	Transaction ID: D300909 Date of Disbursement																				
Mailing Address P.O. Box 173788	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												
City State Zip Code Denver CO 80217	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1048.35</td> </tr> </table>	1048.35																			
1048.35																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) EFTPS - US Treasury	Transaction ID: D306294 Date of Disbursement																				
Mailing Address P.O. Box 173788	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	1												
City State Zip Code Denver CO 80217	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1048.36</td> </tr> </table>	1048.36																			
1048.36																					
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C. Full Name (Last, First, Middle Initial) EFTPS - US Treasury	Transaction ID: D306295 Date of Disbursement																				
Mailing Address P.O. Box 173788	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	1												
City State Zip Code Denver CO 80217	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1604.87</td> </tr> </table>	1604.87																			
1604.87																					
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SUBTOTAL of Disbursements This Page (optional)

3701.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 86 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) EFTPS - US Treasury	Transaction ID: D306297 Date of Disbursement																				
Mailing Address P.O. Box 173788	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City State Zip Code Denver CO 80217	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1604.83</td> </tr> </table>	1604.83																			
1604.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) EFTPS - US Treasury	Transaction ID: D306298 Date of Disbursement																				
Mailing Address P.O. Box 173788	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City State Zip Code Denver CO 80217	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1605.05</td> </tr> </table>	1605.05																			
1605.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Jessi Held	Transaction ID: D306321 Date of Disbursement																				
Mailing Address 3808 Portland Ave S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	1												
City State Zip Code Minneapolis MN 55407	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">606.96</td> </tr> </table>	606.96																			
606.96																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3816.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 87 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Jessi Held	Transaction ID: D306322 Date of Disbursement																				
Mailing Address 3808 Portland Ave S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	1												
City Minneapolis State MN Zip Code 55407	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">606.98</td> </tr> </table>	606.98																			
606.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Jessi Held	Transaction ID: D306323 Date of Disbursement																				
Mailing Address 3808 Portland Ave S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Minneapolis State MN Zip Code 55407	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">606.97</td> </tr> </table>	606.97																			
606.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Jessi Held	Transaction ID: D306325 Date of Disbursement																				
Mailing Address 3808 Portland Ave S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Minneapolis State MN Zip Code 55407	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">606.79</td> </tr> </table>	606.79																			
606.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1820.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Jessi Held	Transaction ID: D300914 Date of Disbursement
Mailing Address 3808 Portland Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 1 1</div> </div>
City Minneapolis State MN Zip Code 55407 Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>606.97</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jessi Held	Transaction ID: D300915 Date of Disbursement
Mailing Address 3808 Portland Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City Minneapolis State MN Zip Code 55407 Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>606.97</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jessi Held	Transaction ID: D300916 Date of Disbursement
Mailing Address 3808 Portland Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 1 1</div> </div>
City Minneapolis State MN Zip Code 55407 Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>606.97</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1820.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Jessi Held	Transaction ID: D300917 Date of Disbursement
Mailing Address 3808 Portland Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 1 1</div> </div>
City Minneapolis State MN Zip Code 55407 Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>606.98</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jessi Held	Transaction ID: D300836 Date of Disbursement
Mailing Address 3808 Portland Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 1</div> </div>
City Minneapolis State MN Zip Code 55407 Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>606.97</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jessi Held	Transaction ID: D300837 Date of Disbursement
Mailing Address 3808 Portland Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City Minneapolis State MN Zip Code 55407 Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <div>606.97</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1820.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)
Jessi Held

Mailing Address 3808 Portland Ave S

City Minneapolis State MN Zip Code 55407

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300838

Date of Disbursement

/ /

Amount of Each Disbursement this Period

606.97

B.

Full Name (Last, First, Middle Initial)
Jessi Held

Mailing Address 3808 Portland Ave S

City Minneapolis State MN Zip Code 55407

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300840

Date of Disbursement

/ /

Amount of Each Disbursement this Period

606.98

C.

Full Name (Last, First, Middle Initial)
Hill Plaza LLC

Mailing Address 400 Selby Avenue

City Saint Paul State MN Zip Code 55102

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D306300

Date of Disbursement

/ /

Amount of Each Disbursement this Period

385.00

SUBTOTAL of Disbursements This Page (optional)

1598.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D306307 Date of Disbursement
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 1</div> </div>
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Services	<div>1822.47</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D306308 Date of Disbursement
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 6 / 2 0 1 1</div> </div>
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Services	<div>1113.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D306309 Date of Disbursement
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 1 1</div> </div>
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Services	<div>1540.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4475.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 92 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D306311 Date of Disbursement
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 1 1</div> </div>
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Services	<div>1120.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D306312 Date of Disbursement
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 4 / 2 0 1 1</div> </div>
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Services	<div>3054.72</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D306314 Date of Disbursement
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 1 1</div> </div>
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Services	<div>1176.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5350.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D306315 Date of Disbursement
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 1 1</div> </div>
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Services	<div>1568.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D300831 Date of Disbursement
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 1</div> </div>
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Services	<div>1320.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D300832 Date of Disbursement
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 1 1</div> </div>
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Services	<div>690.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3578.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D300833 Date of Disbursement								
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 1 1</div> </div>								
<table> <tr> <td>City Champlin</td> <td>State MN</td> <td>Zip Code 55316</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Fundraising Services</td> <td rowspan="2"> <div>Category/ Type</div> </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Champlin	State MN	Zip Code 55316	Purpose of Disbursement Fundraising Services		<div>Category/ Type</div>	Candidate Name		Amount of Each Disbursement this Period <div>2346.16</div>
City Champlin	State MN	Zip Code 55316							
Purpose of Disbursement Fundraising Services		<div>Category/ Type</div>							
Candidate Name									
<table> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:				
Office Sought:	Disbursement For:								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State: District:									
B. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D300834 Date of Disbursement								
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>								
<table> <tr> <td>City Champlin</td> <td>State MN</td> <td>Zip Code 55316</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Fundraising Services</td> <td rowspan="2"> <div>Category/ Type</div> </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Champlin	State MN	Zip Code 55316	Purpose of Disbursement Fundraising Services		<div>Category/ Type</div>	Candidate Name		Amount of Each Disbursement this Period <div>1350.00</div>
City Champlin	State MN	Zip Code 55316							
Purpose of Disbursement Fundraising Services		<div>Category/ Type</div>							
Candidate Name									
<table> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:				
Office Sought:	Disbursement For:								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State: District:									
C. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D300835 Date of Disbursement								
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 1 1</div> </div>								
<table> <tr> <td>City Champlin</td> <td>State MN</td> <td>Zip Code 55316</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Fundraising Services</td> <td rowspan="2"> <div>Category/ Type</div> </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Champlin	State MN	Zip Code 55316	Purpose of Disbursement Fundraising Services		<div>Category/ Type</div>	Candidate Name		Amount of Each Disbursement this Period <div>2502.95</div>
City Champlin	State MN	Zip Code 55316							
Purpose of Disbursement Fundraising Services		<div>Category/ Type</div>							
Candidate Name									
<table> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:				
Office Sought:	Disbursement For:								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State: District:									

SUBTOTAL of Disbursements This Page (optional)

6199.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D300910 Date of Disbursement																				
Mailing Address 11032 Vera Cruz Ave N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Services	<table border="1"> <tr> <td colspan="10">1200.00</td> </tr> </table>	1200.00																			
1200.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D300911 Date of Disbursement																				
Mailing Address 11032 Vera Cruz Ave N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	9		2	0	1	1												
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Services	<table border="1"> <tr> <td colspan="10">810.00</td> </tr> </table>	810.00																			
810.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D300912 Date of Disbursement																				
Mailing Address 11032 Vera Cruz Ave N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	1												
City Champlin State MN Zip Code 55316	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Services	<table border="1"> <tr> <td colspan="10">810.00</td> </tr> </table>	810.00																			
810.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2820.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 96 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Hudson Bay of Illinois	Transaction ID: D300913 Date of Disbursement
Mailing Address 11032 Vera Cruz Ave N	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 1 1</div> </div>
City State Zip Code Champlin MN 55316	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Services	<div>594.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) IKEA Bloomington	Transaction ID: D306316 Date of Disbursement
Mailing Address 8000 Ikea Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 1 1</div> </div>
City State Zip Code Minneapolis MN 55425	Amount of Each Disbursement this Period
Purpose of Disbursement Office Furniture & Supplies	<div>461.23</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) IKEA Bloomington	Transaction ID: D306317 Date of Disbursement
Mailing Address 8000 Ikea Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 1 1</div> </div>
City State Zip Code Minneapolis MN 55425	Amount of Each Disbursement this Period
Purpose of Disbursement Office Furniture & Supplies	<div>18.58</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1073.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) KRH Consulting</p> <p>Mailing Address 1618 SW First Ave Ste 215</p> <p>City Portland State OR Zip Code 97201</p> <p>Purpose of Disbursement Consulting - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306326 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>750.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) KRH Consulting</p> <p>Mailing Address 1618 SW First Ave Ste 215</p> <p>City Portland State OR Zip Code 97201</p> <p>Purpose of Disbursement Consulting - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306327 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>750.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) KRH Consulting</p> <p>Mailing Address 1618 SW First Ave Ste 215</p> <p>City Portland State OR Zip Code 97201</p> <p>Purpose of Disbursement Consulting - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300918 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>750.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 98 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) KRH Consulting</p> <p>Mailing Address 1618 SW First Ave Ste 215</p> <p>City Portland State OR Zip Code 97201</p> <p>Purpose of Disbursement Consulting - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300919 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>892.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Drew Littman</p> <p>Mailing Address 1012 Pleasant Dr</p> <p>City Rockville State MD Zip Code 20850</p> <p>Purpose of Disbursement Consulting - Strategic Management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306293 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>13248.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Drew Littman</p> <p>Mailing Address 1012 Pleasant Dr</p> <p>City Rockville State MD Zip Code 20850</p> <p>Purpose of Disbursement Consulting - Strategic Management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300824 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>11040.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

25180.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mal Warwick and Associates</p> <p>Mailing Address 2550 Ninth St Ste 103</p> <p>City Berkeley State CA Zip Code 94710</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300846</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 2 / 2 2 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>23181.82</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) McBee</p> <p>Mailing Address PO Box 4270</p> <p>City Athens State OH Zip Code 45701</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306344</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 6 / 0 2 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>258.13</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address 890 Mountain Ave.</p> <p>City New Providence State NJ Zip Code 07974</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D309252</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 2 / 2 8 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>15.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

23454.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: D309253 Date of Disbursement																				
Mailing Address 890 Mountain Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	1												
City New Providence State NJ Zip Code 07974	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: D309254 Date of Disbursement																				
Mailing Address 890 Mountain Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	1	1												
City New Providence State NJ Zip Code 07974	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees	<table border="1"> <tr> <td colspan="10">15.10</td> </tr> </table>	15.10																			
15.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: D309255 Date of Disbursement																				
Mailing Address 890 Mountain Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
City New Providence State NJ Zip Code 07974	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

50.10

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC**A.**

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address 890 Mountain Ave.

City New Providence State NJ Zip Code 07974

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D309256

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 1 1

Amount of Each Disbursement this Period

150.10

B.

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address 890 Mountain Ave.

City New Providence State NJ Zip Code 07974

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D300929

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Amount of Each Disbursement this Period

15.20

C.

Full Name (Last, First, Middle Initial)

Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City Saint Paul State MN Zip Code 55107

Purpose of Disbursement
Rent

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D300932

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 1

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

365.30

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.	Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party			Transaction ID: D300933 Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	4		0	9		2	0	1	1															
	Mailing Address 255 E Plato Blvd																								
	City Saint Paul	State MN	Zip Code 55107	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">200.00</td></tr></table>		200.00																			
200.00																									
Purpose of Disbursement Rent		Candidate Name	<table border="1"><tr><td>Category/ Type</td></tr></table>		Category/ Type																				
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									
B.	Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party			Transaction ID: D300851 Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		0	6		2	0	1	1															
	Mailing Address 255 E Plato Blvd																								
	City Saint Paul	State MN	Zip Code 55107	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">200.00</td></tr></table>		200.00																			
200.00																									
Purpose of Disbursement Rent		Candidate Name	<table border="1"><tr><td>Category/ Type</td></tr></table>		Category/ Type																				
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									
C.	Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party			Transaction ID: D300852 Date of Disbursement <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	2		0	2		2	0	1	1															
	Mailing Address 255 E Plato Blvd																								
	City Saint Paul	State MN	Zip Code 55107	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">200.00</td></tr></table>		200.00																			
200.00																									
Purpose of Disbursement Rent		Candidate Name	<table border="1"><tr><td>Category/ Type</td></tr></table>		Category/ Type																				
Category/ Type																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 103 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party	Transaction ID: D306348																				
Mailing Address 255 E Plato Blvd	Date of Disbursement																				
City Saint Paul State MN Zip Code 55107	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
Purpose of Disbursement Office Supplies	Amount of Each Disbursement this Period																				
Candidate Name	50.00																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	Category/ Type																				
B. Full Name (Last, First, Middle Initial) Minnesota Democratic Farmer Labor Party	Transaction ID: D306349																				
Mailing Address 255 E Plato Blvd	Date of Disbursement																				
City Saint Paul State MN Zip Code 55107	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	1	1												
Purpose of Disbursement Rent	Amount of Each Disbursement this Period																				
Candidate Name	200.00																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	Category/ Type																				
C. Full Name (Last, First, Middle Initial) MN Department of Economic Security	Transaction ID: D300853																				
Mailing Address PO Box 1705	Date of Disbursement																				
City Saint Paul State MN Zip Code 55101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	7		2	0	1	1												
Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period																				
Candidate Name	111.00																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

361.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial)
MN Department of Economic Security

Mailing Address PO Box 1705

City Saint Paul State MN Zip Code 55101

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300934

Date of Disbursement

/ /

Amount of Each Disbursement this Period

142.00

B. Full Name (Last, First, Middle Initial)
MN Department of Revenue

Mailing Address Mail Station 1173

City Saint Paul State MN Zip Code 55146

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300935

Date of Disbursement

/ /

Amount of Each Disbursement this Period

140.50

C. Full Name (Last, First, Middle Initial)
MN Department of Revenue

Mailing Address Mail Station 1173

City Saint Paul State MN Zip Code 55146

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300936

Date of Disbursement

/ /

Amount of Each Disbursement this Period

156.50

SUBTOTAL of Disbursements This Page (optional)

439.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) MN Department of Revenue	Transaction ID: D300937 Date of Disbursement																				
Mailing Address Mail Station 1173	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	1												
City Saint Paul State MN Zip Code 55146	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">206.50</td> </tr> </table>	206.50																			
206.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MN Department of Revenue	Transaction ID: D300938 Date of Disbursement																				
Mailing Address Mail Station 1173	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												
City Saint Paul State MN Zip Code 55146	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">206.50</td> </tr> </table>	206.50																			
206.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MN Department of Revenue	Transaction ID: D300854 Date of Disbursement																				
Mailing Address Mail Station 1173	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Saint Paul State MN Zip Code 55146	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">246.50</td> </tr> </table>	246.50																			
246.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

659.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) MN Department of Revenue	Transaction ID: D300855 Date of Disbursement
Mailing Address Mail Station 1173	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55146	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes Candidate Name	<div> <div>246.50</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MN Department of Revenue	Transaction ID: D300856 Date of Disbursement
Mailing Address Mail Station 1173	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55146	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes Candidate Name	<div> <div>140.50</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MN Department of Revenue	Transaction ID: D300857 Date of Disbursement
Mailing Address Mail Station 1173	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55146	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes Candidate Name	<div> <div>140.50</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

527.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 107 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)
MN Department of Revenue

Mailing Address Mail Station 1173

City State Zip Code
Saint Paul MN 55146

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D306350

Date of Disbursement

/ /

Amount of Each Disbursement this Period

206.50

B.

Full Name (Last, First, Middle Initial)
MN Department of Revenue

Mailing Address Mail Station 1173

City State Zip Code
Saint Paul MN 55146

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D306352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

312.50

C.

Full Name (Last, First, Middle Initial)
MN Department of Revenue

Mailing Address Mail Station 1173

City State Zip Code
Saint Paul MN 55146

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D306354

Date of Disbursement

/ /

Amount of Each Disbursement this Period

312.50

SUBTOTAL of Disbursements This Page (optional)

831.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) MN Department of Revenue	Transaction ID: D306355 Date of Disbursement																				
Mailing Address Mail Station 1173	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Saint Paul State MN Zip Code 55146	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">312.50</td> </tr> </table>	312.50																			
312.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MN Workers Comp	Transaction ID: D300858 Date of Disbursement																				
Mailing Address PO Box 390901	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
City Minneapolis State MN Zip Code 55439	Amount of Each Disbursement this Period																				
Purpose of Disbursement Workers Comp Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">428.00</td> </tr> </table>	428.00																			
428.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) National Specialty Ins.	Transaction ID: D306362 Date of Disbursement																				
Mailing Address 8401 Greenway Blvd Ste 1100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	7		2	0	1	1												
City Middleton State WI Zip Code 53562	Amount of Each Disbursement this Period																				
Purpose of Disbursement Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">3590.00</td> </tr> </table>	3590.00																			
3590.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4330.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NGP Software</p> <p>Mailing Address 1225 I St NW Ste 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Database Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306363</p> <p>Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 1200.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NGP Software</p> <p>Mailing Address 1225 I St NW Ste 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Database Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300864</p> <p>Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1200.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) OfficeMax</p> <p>Mailing Address 1490 W University Ave</p> <p>City Saint Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306364</p> <p>Date of Disbursement 06 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 330.36</p>

SUBTOTAL of Disbursements This Page (optional)

2730.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) OfficeMax Mailing Address 1490 W University Ave	Transaction ID: D306365 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>219.53</div>
B. Full Name (Last, First, Middle Initial) Mary C Pardue Mailing Address 2901 Knox Ave S #1 City Minneapolis State MN Zip Code 55408 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D306337 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>474.69</div>
C. Full Name (Last, First, Middle Initial) Mary C Pardue Mailing Address 2901 Knox Ave S #1 City Minneapolis State MN Zip Code 55408 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D306338 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>474.68</div>

SUBTOTAL of Disbursements This Page (optional)

1168.90

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
Midwest Values PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 112 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mary C Pardue</p> <p>Mailing Address 2901 Knox Ave S #1</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300926</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 3</div> <div>3 1</div> <div>2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>474.68</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mary C Pardue</p> <p>Mailing Address 2901 Knox Ave S #1</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300927</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>1 5</div> <div>2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>474.69</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mary C Pardue</p> <p>Mailing Address 2901 Knox Ave S #1</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300928</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>2 9</div> <div>2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>474.69</div> </p>

SUBTOTAL of Disbursements This Page (optional)

1424.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 113 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mary C Pardue</p> <p>Mailing Address 2901 Knox Ave S #1</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300847</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 474.69</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mary C Pardue</p> <p>Mailing Address 2901 Knox Ave S #1</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300848</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 474.68</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mary C Pardue</p> <p>Mailing Address 2901 Knox Ave S #1</p> <p>City Minneapolis State MN Zip Code 55408</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300849</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 474.69</p>

SUBTOTAL of Disbursements This Page (optional)

1424.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 114 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)
Mary C Pardue

Mailing Address 2901 Knox Ave S
#1

City Minneapolis State MN Zip Code 55408

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300850

Date of Disbursement

/ /

Amount of Each Disbursement this Period

474.69

B.

Full Name (Last, First, Middle Initial)
Paypal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300865

Date of Disbursement

/ /

Amount of Each Disbursement this Period

71.42

C.

Full Name (Last, First, Middle Initial)
Paypal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300866

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.87

SUBTOTAL of Disbursements This Page (optional)

558.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 115 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Paypal	Transaction ID: D300867 Date of Disbursement																				
Mailing Address 2211 North First Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City San Jose State CA Zip Code 95131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees	<table border="1"> <tr> <td colspan="10">60.00</td> </tr> </table>	60.00																			
60.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Paypal	Transaction ID: D300944 Date of Disbursement																				
Mailing Address 2211 North First Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City San Jose State CA Zip Code 95131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees	<table border="1"> <tr> <td colspan="10">60.00</td> </tr> </table>	60.00																			
60.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paypal	Transaction ID: D300945 Date of Disbursement																				
Mailing Address 2211 North First Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												
City San Jose State CA Zip Code 95131	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees	<table border="1"> <tr> <td colspan="10">47.84</td> </tr> </table>	47.84																			
47.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

167.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 116 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Paypal	Transaction ID: D300946 Date of Disbursement
Mailing Address 2211 North First Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City San Jose State CA Zip Code 95131 Purpose of Disbursement Credit Card Processing Fees Candidate Name	Amount of Each Disbursement this Period <div>715.04</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paypal	Transaction ID: D300947 Date of Disbursement
Mailing Address 2211 North First Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 1</div> </div>
City San Jose State CA Zip Code 95131 Purpose of Disbursement Credit Card Processing Fees Candidate Name	Amount of Each Disbursement this Period <div>61.80</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paypal	Transaction ID: D306366 Date of Disbursement
Mailing Address 2211 North First Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 1 1</div> </div>
City San Jose State CA Zip Code 95131 Purpose of Disbursement Credit Card Processing Fees Candidate Name	Amount of Each Disbursement this Period <div>60.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

836.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 117 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.	<p>Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address 2211 North First Street</p> <p>City San Jose State CA Zip Code 95131</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306367</p> <p>Date of Disbursement 05 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 219.69</p>
B.	<p>Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address 2211 North First Street</p> <p>City San Jose State CA Zip Code 95131</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306368</p> <p>Date of Disbursement 05 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 60.00</p>
C.	<p>Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address 2211 North First Street</p> <p>City San Jose State CA Zip Code 95131</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306369</p> <p>Date of Disbursement 06 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 97.21</p>

SUBTOTAL of Disbursements This Page (optional)

376.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 118 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave Ste 4800</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306375</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 1725.68</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave Ste 4800</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306377</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 1212.50</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave Ste 4800</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300948</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2005.80</p>

SUBTOTAL of Disbursements This Page (optional)

4943.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 119 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave Ste 4800</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300949</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 194.22</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave Ste 4800</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300868</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 626.40</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 1201 Third Ave Ste 4800</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300869</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 805.00</p>

SUBTOTAL of Disbursements This Page (optional)

1625.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 120 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Petersen Group	Transaction ID: D300950 Date of Disbursement
Mailing Address 9347 Wildflower Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 8 / 2 0 1 1</div> </div>
City State Zip Code Pine City MN 55063 Purpose of Disbursement Consulting - Management Candidate Name	Amount of Each Disbursement this Period <div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Petersen Group	Transaction ID: D306379 Date of Disbursement
Mailing Address 9347 Wildflower Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 1</div> </div>
City State Zip Code Pine City MN 55063 Purpose of Disbursement Consulting - Management Candidate Name	Amount of Each Disbursement this Period <div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Petersen Group	Transaction ID: D306381 Date of Disbursement
Mailing Address 9347 Wildflower Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 1 1</div> </div>
City State Zip Code Pine City MN 55063 Purpose of Disbursement Consulting - Management Candidate Name	Amount of Each Disbursement this Period <div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 121 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) The Apple Store Mailing Address 132 South Ave	Transaction ID: D306282 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 1 1</div> </div>
City State Zip Code Minneapolis MN 55425 Purpose of Disbursement Computer Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2493.37</div>
B. Full Name (Last, First, Middle Initial) Natalie Volin Lehr Mailing Address 67 Otis Ave City State Zip Code Saint Paul MN 55104 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300939 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1125.25</div>
C. Full Name (Last, First, Middle Initial) Natalie Volin Lehr Mailing Address 67 Otis Ave City State Zip Code Saint Paul MN 55104 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300940 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1125.25</div>

SUBTOTAL of Disbursements This Page (optional)

4743.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 122 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Natalie Volin Lehr Mailing Address 67 Otis Ave	Transaction ID: D300941 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1125.25</div>
B. Full Name (Last, First, Middle Initial) Natalie Volin Lehr Mailing Address 67 Otis Ave City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300942 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1125.25</div>
C. Full Name (Last, First, Middle Initial) Natalie Volin Lehr Mailing Address 67 Otis Ave City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300860 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>2077.50</div>

SUBTOTAL of Disbursements This Page (optional)

4328.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 123 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Natalie Volin Lehr Mailing Address 67 Otis Ave	Transaction ID: D300861 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2077.50</div>
B. Full Name (Last, First, Middle Initial) Natalie Volin Lehr Mailing Address 67 Otis Ave City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300862 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1125.25</div>
C. Full Name (Last, First, Middle Initial) Natalie Volin Lehr Mailing Address 67 Otis Ave City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300863 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1125.25</div>

SUBTOTAL of Disbursements This Page (optional)

4328.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 124 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Natalie Volin Lehr	Transaction ID: D306356 Date of Disbursement
Mailing Address 67 Otis Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55104	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1125.25</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Natalie Volin Lehr	Transaction ID: D306357 Date of Disbursement
Mailing Address 67 Otis Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55104	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2077.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Natalie Volin Lehr	Transaction ID: D306358 Date of Disbursement
Mailing Address 67 Otis Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55104	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2077.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5280.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 / 140

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)
Natalie Volin Lehr

Mailing Address 67 Otis Ave

City State Zip Code
Saint Paul MN 55104

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D306359

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2077.50

B.

Full Name (Last, First, Middle Initial)
Well & Lighthouse, LLC

Mailing Address 1724 - 20th St NW
Ste 302

City State Zip Code
Washington DC 20009

Purpose of Disbursement
Internet Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D306391

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

C.

Full Name (Last, First, Middle Initial)
Well & Lighthouse, LLC

Mailing Address 1724 - 20th St NW
Ste 302

City State Zip Code
Washington DC 20009

Purpose of Disbursement
Internet Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D306392

Date of Disbursement

/ /

Amount of Each Disbursement this Period

978.37

SUBTOTAL of Disbursements This Page (optional)

6555.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)
Well & Lighthouse, LLC

Mailing Address 1724 - 20th St NW
Ste 302

City Washington State DC Zip Code 20009

Purpose of Disbursement
Internet Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D306393

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

617.47

B.

Full Name (Last, First, Middle Initial)
Well & Lighthouse, LLC

Mailing Address 1724 - 20th St NW
Ste 302

City Washington State DC Zip Code 20009

Purpose of Disbursement
Internet Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D300961

Date of Disbursement

04 / 10 / 2011

Amount of Each Disbursement this Period

2250.00

C.

Full Name (Last, First, Middle Initial)
Well & Lighthouse, LLC

Mailing Address 1724 - 20th St NW
Ste 302

City Washington State DC Zip Code 20009

Purpose of Disbursement
Internet Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D300962

Date of Disbursement

04 / 10 / 2011

Amount of Each Disbursement this Period

2268.50

SUBTOTAL of Disbursements This Page (optional)

5135.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 127 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Well & Lighthouse, LLC</p> <p>Mailing Address 1724 - 20th St NW Ste 302</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Internet Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300878</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2250.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Well & Lighthouse, LLC</p> <p>Mailing Address 1724 - 20th St NW Ste 302</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Internet Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300879</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2250.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wells Fargo Bank, N.A.</p> <p>Mailing Address P.O. Box B 514</p> <p>City Minneapolis State MN Zip Code 55479</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D300880</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 3.00</p>

SUBTOTAL of Disbursements This Page (optional)

4503.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 128 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)
Wells Fargo Bank, N.A.

Mailing Address P.O. Box B 514

City Minneapolis State MN Zip Code 55479

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300881

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.00

B.

Full Name (Last, First, Middle Initial)
Wells Fargo Bank, N.A.

Mailing Address P.O. Box B 514

City Minneapolis State MN Zip Code 55479

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300965

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)
Wells Fargo Bank, N.A.

Mailing Address P.O. Box B 514

City Minneapolis State MN Zip Code 55479

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300966

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

64.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 129 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank, N.A.	Transaction ID: D300967 Date of Disbursement																				
Mailing Address P.O. Box B 514	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	1												
City Minneapolis State MN Zip Code 55479	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees	<table border="1"> <tr> <td colspan="10">29.00</td> </tr> </table>	29.00																			
29.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank, N.A.	Transaction ID: D300968 Date of Disbursement																				
Mailing Address P.O. Box B 514	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												
City Minneapolis State MN Zip Code 55479	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees	<table border="1"> <tr> <td colspan="10">209.75</td> </tr> </table>	209.75																			
209.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Wells Fargo Bank, N.A.	Transaction ID: D306394 Date of Disbursement																				
Mailing Address P.O. Box B 514	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	1	1												
City Minneapolis State MN Zip Code 55479	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

263.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 130 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Natalie Volin Lehr Mailing Address 67 Otis Ave	Transaction ID: D300859 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55104 Purpose of Disbursement Reimbursement - See Memos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>291.82</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) St. Paul Grill Mailing Address 350 Market St. City Saint Paul State MN Zip Code 55102 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300883 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>291.82</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Alana Petersen Mailing Address 9347 Wildflower Rd City Pine City State MN Zip Code 55063 Purpose of Disbursement Reimbursement - See Memo Entries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D306273 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>464.66</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

756.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 131 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Washington Court Hotel	Transaction ID: D306407 Date of Disbursement
Mailing Address 525 New Jersey Avenue, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div> <div></div> <div>396.35</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Lauren Beecham	Transaction ID: D306335 Date of Disbursement
Mailing Address 2034 Yorkshire Ave Apt 202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55116	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement - See Memo Entries	<div> <div></div> <div>77.47</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
C. Full Name (Last, First, Middle Initial) OfficeMax	Transaction ID: D306408 Date of Disbursement
Mailing Address 1490 W University Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 1</div> </div>
City Saint Paul State MN Zip Code 55104	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div></div> <div>77.47</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

77.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 132 / 140

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Natalie Volin Lehr

Mailing Address 67 Otis Ave

City
Saint Paul

State
MN

Zip Code
55104

Purpose of Disbursement
Reimbursement/Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D306361

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Amount of Each Disbursement this Period

602.44

SUBTOTAL of Disbursements This Page (optional)

602.44

TOTAL This Period (last page this line number only)

255601.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 133 / 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) BERKLEY FOR SENATE	Transaction ID: D301080 Date of Disbursement																				
Mailing Address 3069 CONQUISTA COURT	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	3		2	0	1	1												
City LAS VEGAS State NV Zip Code 89121	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name SHELLEY BERKLEY	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE	Transaction ID: D300794 Date of Disbursement																				
Mailing Address 972 W WHITMIRE DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	1												
City MELBOURNE State FL Zip Code 32935	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name BILL NELSON	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CONNECTICUT DEMOCRATIC STATE CENTRAL COMMITTEE	Transaction ID: D309251 Date of Disbursement																				
Mailing Address 330 Main Street 3rd Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	1												
City Hartford State CT Zip Code 06106	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void 2010 Contr	<table border="1"> <tr> <td>-5000.00</td> </tr> </table>	-5000.00																			
-5000.00																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 134 / 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC**A.** Full Name (Last, First, Middle Initial)
DEMOCRATIC PARTY OF WISCONSINMailing Address 110 King St
Ste 203

City Madison State WI Zip Code 53703

Purpose of Disbursement
Contribution - 2011 Federal

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D300795

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 1

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2011 Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D297142

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Amount of Each Disbursement this Period

15000.00

C. Full Name (Last, First, Middle Initial)
ELLISON FOR CONGRESS

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement
ContributionCandidate Name
Keith EllisonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 05

Transaction ID: D306122

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

18500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 135 / 140

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) EMILY'S LIST	Transaction ID: D300796 Date of Disbursement
Mailing Address 1120 Connecticut Avenue NW Ste 1100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name <div>Category/Type</div>	<div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
B. Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE	Transaction ID: D300797 Date of Disbursement
Mailing Address 1212 S VICTORY BLVD	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 1</div> </div>
City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name DIANNE FEINSTEIN <div>Category/Type</div>	<div>2500.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 00	
C. Full Name (Last, First, Middle Initial) Friends of Sherrod Brown	Transaction ID: D297144 Date of Disbursement
Mailing Address PO BOX 76187	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name SHERROD BROWN <div>Category/Type</div>	<div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00	

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 136 / 140

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)
GILLIBRAND FOR SENATE

Mailing Address 236 MASSACHUSETTS AVE SUITE 110

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
Contribution

Candidate Name
KIRSTEN ELIZABETH GILLIBRAND

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 00

Transaction ID: D306123

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
INDIANA DEMOCRATIC CONGRESSIONAL VICTORY COMM

Mailing Address 115 W WASHINGTON ST
STE 1165

City State Zip Code
Indianapolis IN 46204

Purpose of Disbursement
Contribution - 2011 - Federal

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D300799

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 1

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
KLOBUCHAR FOR MINNESOTA 2012

Mailing Address PO BOX 4146

City State Zip Code
ST PAUL MN 55104

Purpose of Disbursement
Contribution

Candidate Name
Amy J Klobuchar

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 00

Transaction ID: D305745

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 137 / 140

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial)
MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
CLAIRE MCCASKILL

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: D301346

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
McCollum for Congress

Mailing Address P.O. Box 14131

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement
Contribution

Candidate Name
Betty McCollum

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 04

Transaction ID: D297143

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Minnesota Democratic Farmer Labor Party

Mailing Address 255 E Plato Blvd

City Saint Paul State MN Zip Code 55107

Purpose of Disbursement
Contribution - 2011 Federal

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D306125

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 138 / 140

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Montanans for Tester Mailing Address PO BOX 1135	Transaction ID: D306126 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 1 1</div> </div>
City HELENA State MT Zip Code 59624 Purpose of Disbursement Contribution Candidate Name JON TESTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>5000.00</div>
B. Full Name (Last, First, Middle Initial) Montanans for Tester Mailing Address PO BOX 1135 City HELENA State MT Zip Code 59624 Purpose of Disbursement Contribution Candidate Name JON TESTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D297145 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) Ohio Democratic Party Mailing Address 340 EAST FULTON STREET City Columbus State OH Zip Code 43215 Purpose of Disbursement Contribution - 2011 Federal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300943 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 139 / 140

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Midwest Values PAC

A. Full Name (Last, First, Middle Initial) Tim Walz for US Congress	Transaction ID: D306127 Date of Disbursement
Mailing Address PO Box 938	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 1 1</div> </div>
City Mankato State MN Zip Code 56002	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Tim Walz	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WHITEHOUSE FOR SENATE	Transaction ID: D306128 Date of Disbursement
Mailing Address P.O. BOX 40280	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 5 / 2 0 1 1</div> </div>
City PROVIDENCE State RI Zip Code 02940	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Sheldon Whitehouse	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WOMENWINNING FEDERAL PAC	Transaction ID: D306129 Date of Disbursement
Mailing Address 2324 UNIVERSITY AVENUE WEST SUITE 120B	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 1 1</div> </div>
City ST. PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

79000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 140 / 140

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

A.

Full Name (Last, First, Middle Initial)

Sheldon Vidibor

Mailing Address 2700 Krim Dr

City
Los Angeles

State
CA

Zip Code
90064-4608

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D300346

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00